

DANES CAMP MEDICAL CENTRE – PATIENT SURVEY REPORT 2012- 2013

1. Introduction

Danes Camp Medical Centre undertook the implementation of the Patient Participation Scheme in 2011 – 2012 establishing a Patient Reference Group (PRG) whose initial membership of 15 patients has fallen to 10 in 2012-13.

Table 1: Age/Sex Distribution of the PRG

Age	Male	Female
Under 16		
17-24		1
25-34	1	
35-44		1
45-54	3	
55-64		1
65-74	1	
75-84	1	1
Over 84		1

Age sex distribution held across the age ranges other than the under 16s.

Table 2: PRG - Ethnicity

Ethnicity	Number
White British	5
White – Irish	
White – other	2
Mixed – White and black Caribbean	
Mixed – White and Black African	
Mixed – White and Asian	1
Asian or Asian British – Pakistani	2
Asian or Asian British – Indian	1
Asian or Asian British – Bangladeshi	
Black or Black British - Caribbean	
Black or Black British - African	
Chinese or other ethnic group - Chinese	
Chinese or other ethnic group – Any other	

The ethnic mix of the PRG closely matched the demographics of the practice population.

2. The Patient Survey 2012-2013 - Methodology

The practice survey this year used the General Practice Assessment Questionnaire (GPAQv.3) designed at the National Primary Care Research and Development Centre in Manchester to help practices find out what patients think about their care. The survey was circulated by email to the PRG asking for their feedback, which was supportive of using this tool. Once approved the survey was conducted by Receptionists asking patients who attended the surgery if they would be willing to complete the form. This lasted until 200 forms were completed. The results were then analysed and the Patient Survey Report compiled. The initial report has been circulated to the partners and the PRG for their feedback, suggested changes and development of an agreed action plan. Once finalised the action plan will be implemented during 2013 – 14 and has been published on the practice website. This will be updated throughout 2013 - 14 with subsequent achievements of this plan

3. Findings of the Patient Survey

3.1 How helpful do you find the reception staff

Very	Fairly	Not very	Not at all	don't know
152	48	0	0	0

Discussion

The practice has continued to be pressured during 2012-2013 with a GP absent on long-term sick leave and finally leaving the practice which has severely impacted on appointments. This has put our staff under a great deal of pressure yet they have remained positive. 100% of respondents found them fairly or very helpful with 75% seeing them as very helpful. Targeted training events held throughout the year have focused on customer care skills and this has been very worthwhile and well received by staff.

3.2 Ease of access by telephone to the surgery

Very	Fairly	Not very	Not at all	don't know	Not tried
32	100	44	20	4	0

3.3 Ease of speaking to a GP or Nurse

Very	Fairly	Not very	Not at all	don't know	Not tried
28	56	16	8	16	48

The responses show a significant increase in patients finding it easier to access the

practice by telephone rising from 34% last year to 66% this year. The in depth analysis of telephone contacts suggested by the PRG has allowed us to redirect callers to less busy times of the day via the in-built patient selection at the time of answering the call e.g. when calling for test results. Other suggestions made by the PRG last year were that it may be possible to provide a system where receptionists, when taking calls, have the ability to see how long someone has been waiting and respond appropriately and that the system may be able to be adapted to provide information to callers about where their position is in the queue. These have been discussed with our telephone supplier but identified costs mean that in a climate of increasing cuts in GMS funding it is unlikely to be within the financial remit of the practice to purchase these.

3.4 Usual method of booking appointments

In person	phone
48	148

The partners remain concerned that responses to 4.3 above indicate that patients still perceive it is difficult to gain access to the practice via telephone at key times. 74% of respondents indicated that booking appointments by telephone is their preferred method so ease of access remains key. The PRG suggested that introducing on-line appointment booking may reduce this traffic considerably and responses shown in 4.5 below support this.

3.5 Preferred method of booking appointments

In person	phone	on line
24	128	44

Enabling on-line booking potentially would mean a further reduction in calls to the practice of 22%. The practice will discuss this with the website provider and aims to introduce this in 2013.

3.6 Ability to see GP urgently in same day

Yes	No	don't know
116	32	16

The practice will always try to see true medical emergencies on the same day. For a second year a significant percentage (16%) of respondents felt that they could not be

seen the same day. The patient information screen in the waiting room was delayed in its installation owing to the manufacturers not being able to deliver this with the clinical system. Since changing to System1 in November 2012 the system is now up and running. It is programmed with health information and specifically information about effective use of NHS services and practice specific appointment information. As suggested by the PRG after the last survey the practice developed and introduced a Minor Illness leaflet to introduce patients to their ability to use that Nurse lead service. However, the unexpected resignation of our Minor Illness nurse has reduced the nurse's ability to assist GPs in providing minor illness services. The practice has a fourth partner joining in April 2013 and this will increase the number of appointments offered daily, however nurse recruitment will not take place until new financial arrangements for funding GMS services are clarified after April 2013

Because of feedback received from last year's patient survey, the practice has introduced daily telephone consultations with the GPs. These are in addition to the usual appointments and between 20 and 30 extra consultations are available each day. The GPs assess patients and book appointments/treat appropriately and this has been well received in the feedback from the PRG. Reception staff are also receiving training to ensure they gain enough information from the patient about the presenting problem to refer them to the appropriate clinician for assessment of the urgency of their problem.

3.7 The importance of the ability for patients to book ahead for appointments

Important	Not
156	16

78% of respondents identified that it was important for them to be able to book ahead for their medical appointments.

Very	Fairly	Not very	Not at all	don't know	Not tried
12	60	72	32	6	3

However 52% found it difficult to do this. The discussions with the PRG demonstrated that patients were frustrated with the on-going problems in this area. The practice has been under pressure for some while with staffing problems with GPs but this has now been resolved and a new larger team of GPs is in place. The partners remain committed to trying to solve this problem and Dr Chishti and the Management Partner will be trying to determine how best to manage the appointment system to meet patient demand and to ensure information flows about the telephone consultations.

3.8 The ability to see a particular doctor

Same day	2 to 4	5+	not needed to	don't know
68	24	60	5	28

46% of respondents were seeing the GP of their choice within 4 days but 30% had to wait for 5 days or more to be seen. Patient ratings showed that 36% thought this was poor.

Excellent	very good	good	Fair	Poor	Very Poor	n/a
28	68	32	36	4	0	12

Feedback from the PRG suggested that further patient education may influence patients by reassuring them that all GPs in the practice would have access to their medical records and be able to treat them effectively. This will be explored during 2013-2014.

3.9 When willing to see any doctor

Same day	2 to 4	5+	not needed	don't know
116	48	0	12	8

When patients are willing to see any GP responses show that 90% are seen within 4 days which 82% rated as fair to excellent

Excel	very good	good	Fair	Poor	Very Poor	n/a
28	32	24	36	36	0	28

4 Consultations

4.1 Time waited beyond booked time for consultations

less than 5	5 to 10	11 to 20	21 to 30	30+	n/a
60	100	25	5	0	0

4.2 Respondent rating

Excel	very good	Good	Fair	Poor	Very Poor	n/a
16	78	44	45	3	1	0

Responses show that GPs predominantly keep to time and it is rare to have a significant delay in appointments starting. The PRG felt the practice performance in this area was very good and welcomed the patients been informed if appointments were running late.

GP prefer see/speak to	
Yes	No
127	21

4.3

Ability to see or speak to a preferred GP

How often see preferred GP				
Always	lot of time	some time	Never	don't know
45	32	20	2	3

Only 74% of respondents answered this question and of those 86% said that they were able to see or speak to their preferred GP. However, responses to the supplementary question as to how often they saw that preferred GP demonstrate that this was not consistent with only 31% indicating this was always the case. Whilst meeting patient preference is important it was agreed that as the majority of patients attend for appointments on average 3 times per annum in a random format then it is impossible to ensure their preferred GP will be available. The PRG suggestion above regarding the need for more patient education about the ability of all the GPs to deal with an acute problem would be reinforced. Where patients had a particular preference it

would be clearly stated that this may mean a significant delay at some times and patients advised to think carefully if there problems should wait.

5. Practice Opening Times

Opening times are suitable		
Yes	No	Don't know
167	21	0

84% of respondents felt that the opening times met their needs. The remaining 16% indicated that the majority would like to see the practice open at weekends or later in the evening. However the practice already offers a late evening under the extended hours scheme and there are no plans to offer more. The PRG were supportive of this decision.

additional opening times			
before 8am	after 6.30	Sat	Sun
1	12	5	2

6. Patient experience of their last GP consultation

6.1 Were patients given adequate time?

Last GP - enough time					
very good	good	Fair	Poor	Very Poor	n/a
89	54	23	0	0	9

6.2 How well did the GP listen during the consultation?

Last GP listening to you					
very good	Good	Fair	Poor	Very Poor	n/a
97	45	32			4

6.3 How well did the GP explain any tests or treatments?

Last GP - explain test/treatments					
very good	good	Fair	Poor	Very Poor	n/a
67	48	12	5	0	9

6.4 How well did the GP involve the patient in decisions about their care?

Last GP involve in decisions					
very good	good	Fair	Poor	Very Poor	n/a
69	56	23	0	0	8

6.5 Did the GP treat their patient with care and concern?

Last GP - care and concern					
very good	good	Fair	Poor	Very Poor	n/a
89	45	56	0	0	8

6.6 Did the patient have confidence and trust in the GP they saw or spoke to?

confidence/trust in GP			
Yes definitely	Yes some	No	don't know
100	78	5	9

All patients were satisfied with the length of their consultation with 72% ranking their satisfaction as good or very good. The PRG commented that they were unsure that patients realised they could ask for longer times for their appointments if they had multiple problems to discuss. This information is in the patient information leaflet and the dedicated

appointment leaflet but notices will be placed in the patient waiting area as well.

In response to the various questions about the GP's consultation skills the patients had indicated they were satisfied. However, the partners were concerned with the small percentage of patient's who did not feel they had received adequate explanation of their test results. It was agreed that this would be addressed at a clinical meeting in April 2013. The other cause for concern was that 39% of respondents had indicated they only had some trust in their GP. However, it was agreed that as the partnership had 2 new GPs and many changes in staffing had occurred over the past 1-2 years that confidence would take some time to build.

7 The patient's experience of their last Nurse consultation

7.1 Were patients given adequate time?

Last Nurse seen - given enough time					
very good	good	Fair	Poor	Very Poor	n/a
87	68	16	3	0	8

7.2 How well did the Nurse listen during the consultation?

Last Nurse listening to patients					
very good	good	Fair	Poor	Very Poor	n/a
109	56	12	0	0	7

7.3 How well did the Nurse explain any tests or treatments?

Last Nurse - explain test/treatments					
very good	good	Fair	Poor	Very Poor	n/a
72	60	36	3	0	12

7.4 How well did the Nurse involve the patient in decisions about their care?

Last Nurse involve in decisions					
very good	good	Fair	Poor	Very Poor	n/a
60	52	28	3	0	36

7.5 Did the Nurse treat their patient with care and concern?

Last Nurse - care and concern					
very good	good	Fair	Poor	Very Poor	n/a
72	73	12	3	0	11

7.6 Did the patient have confidence and trust in the Nurse they saw or spoke to?

confidence/trust in the Nurse			
Yes definitely	Yes some	No	don't know
112	56	0	4

Overall patient experience of Nurse consultations were good with enough time being allocated for appointments and high levels of confidence and trust in the Nurse seen. There were a few patients who felt some elements of the service received was poor this will be explored with the Practice Nurses at the next Nurse meeting to make them aware and to jointly agree a way forward to tackle this.

8 Patient Outcomes

8.1 How well did the clinician help you understand your health problems?

Practice help understand health problems			
very well	unsure	not very well	n/a
132	45	8	5

8.2 How well did the clinician help you cope with your health problems?

cope with health problems			
very well	unsure	not very well	n/a
108	60	5	15

8.3 How well did the clinician help you to keep yourself healthy?

keep yourself healthy			
very well	unsure	not very well	n/a
92	53	15	32

The questions around outcomes appeared difficult for patients to quantify with a number of responses indicating patients were unsure or did not feel this applied to their consultation. Both partners and the PRG were also unsure of the validity of this group of questions without supplementary information for patients and that answers were more likely to be given some days after the consultation when effects were known. It was agreed that if using the GPAQ survey next year this section of questions will be reviewed and possibly replaced.

9 Overall experience of your GP Surgery

Overall experience of GP surgery					
Excellent	very good	good	fair	poor	very poor
50	95	39	13	0	0

Would you recommend the surgery				
yes definitely	Yes probably	no probably not	no definitely	don't know
78	91	5	0	20

Discussion

The results demonstrate a high level of satisfaction with the practice as a whole. However, the partners remain aware that improvements need to be made in specific areas highlighted above. The action plan below is designed to address the identified issues.

10 SURVEY DEMOGRAPHICS

Sex of respondents	
Male	Female
76	116

Age of respondents				
under 16	16 to 44	45 to 64	65 to 74	75+
0	60	81	33	12

have long standing health conditions	
YES	NO
109	81

Ethnicity					
White	black black British	Asian Asian British	Mixed	Chinese	Other
156	19	5	0	4	7

Employ status						
Employ	unemployed	education	long term sick	home	retired	other
100	8	0	0	12	55	4

The survey demographics have shown responses from predominantly white British females. It was agreed that in future years part of the survey would be undertaken by post targeting male patients and those from other ethnicities to gain their perspective on the service offered and service delivery.

11. Review of the 2012/2013 Action Plan

Item	Action
To engage patients between 15 and 25 in the PRG	Discussion with PRG undertaken in April 2012. A poster and leaflet campaign to attract members in this age group was undertaken in June 2012 but did not attract any members from this age band
To continue to build and develop customer care skills in the Reception team	Undertaken throughout 2012-3. Well received by staff
Improvements to telephone access	Explored with telephone supplier but most improvements to the system were found to be very expensive and beyond the means of the practice.
Access to appropriate clinician in an acceptable time frame	<ul style="list-style-type: none"> • The Patient Information System installation was delayed owing to misinformation received by the supplier. After the new clinical system was installed in November this facilitated the installation and it has been running since January 2013 • Patient Information Leaflet was updated to give more information about Nurse Minor Illness Clinics and this is shown in the Patient information system also. • Telephone consultations were introduced in June 2012 • Receptionists have received and will receive training in telephone answering skills
Build on and develop patient confidence in the clinicians skills and improve patient experience of consultations	<ul style="list-style-type: none"> • Daily case discussion and debriefing have been introduced since June 2012. • Speakers on consultation skills have attended a clinical meeting • Schedule of Consultant speakers from local hospitals at clinical meetings targeted at areas where knowledge gaps have been identified has taken place throughout 2012-3 • Presentations by in house clinical leads occur on a regular basis

12 Action Plan for 2013-4

Item	Action	Action by	Lead
In house training programme for Reception staff	To continue to build on customer care skills via a programme of targeted learning events	Throughout 2013-4	MH
Introduce on line booking of appointments	Contact website provider for details and run patient information campaign	October 2013	AC/MH
Preferred GP	To make patients aware of the delays which may occur in seeking to always see their preferred GP and to build confidence in the new team of GPs.	March 2014	AZ/MH
Improve the ability to book ahead for appointments	Continue to monitor access and to ensure appointments are available to book at least 4-6 weeks ahead	On going	AC/MH
Take further steps to ensure that patients are aware they can book longer appointments for complex or multiple problems	Display on Patient Information system, patient notices in waiting area.	June 2013	MH
Discuss findings of survey with Practice Nurses	Agree any areas of improvement and implement agreed changes	June 2013	KZ/MH
Review the 'outcomes' questions on the GPAQ survey if using next year	Either remove or design supplementary questions or information which clarify these questions for patients	December 2013	HB/MH
Demographics of the patient experience survey	To undertake a targeted postal survey in addition to the survey run within the practice to attract a wider viewpoint	December 2013	MH